

REFLECT
NEUROPSYCHOLOGY
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Dr. Judith L. Friedman, Psy.D. (PSY25712)

January 23, 2020

Michael Ferrara, Esq.
Dinsmore & Shohl LLP
222 West Adams St., Suite 3400
Chicago, IL 60606

Re: *United States of America v. Kesari*; Case No. 2: 19-cr-00241

Name: Sriramloo Kesari
Date of Birth: 6/10/1942
Appt. Date(s): 1/7/2020
Age at Testing: 77
Referral: Dinsmore & Shohl LLP
Examiners: Shina Halavi, Ph.D. & Judith Leone-Friedman, Psy.D.

Dear Mr. Ferrara,

Thank you for your referral of Dr. Sriramloo Kesari. He was examined on 1/07/2020 at my office, located at 5016 Parkway Calabasas, suite 212, Calabasas, CA, 91302. Myself and Dr. Shina Halavi, Ph.D., my associate and colleague, completed the neuropsychological assessment, scoring, and report. I conducted the clinical interpretation, reviewed the records provided to me by your firm. I reviewed all test results and scoring. The opinions contained within this report are mine.

The patient was informed that the examiner was being retained by Dinsmore & Shohl LLP as an Independent Examiner as part of legal proceedings. He was informed that nothing that he discussed during the clinical interview and assessment would remain confidential and that any and all test results obtained would become part of the neuropsychological report to be used in upcoming proceedings. He was informed that a copy of this report would be sent to Dinsmore & Shohl LLP. Dr. Kesari indicated that he understood the nature and purpose of the evaluation and limits of confidentiality. Information was also obtained directly from the patient and his family, through clinical interview, as well as legal and medical records that were reviewed.

The goal of this report is to provide an opinion, based on a reasonable degree of neuropsychological certainty, about Dr. Kesari's current competency to stand trial, including his understanding of charges and potential consequences, understanding of the trial process, ability to assist counsel, and his decision-making ability.

Please refer to the Comprehensive Neuropsychological Assessment (attached) for a detailed review of Dr. Kesari's current cognitive profile.

Identifying Information/Background

Dr. Kesari is a 77-year-old, right-handed male of Indian/South Asian descent with 19 years of education. Dr. Kesari arrived to his appointment on time and was accompanied by his

daughter-in-law, who also served as an informant. He presented with a history of gradual decline in cognitive functioning, such as with memory, speech and language, planning and organization, and attention. Dr. Kesari described that his memory difficulties have an onset of about 10 years and have become more noticeable in the past two years. Dr. Kesari and his daughter-in-law reported that he relies on his wife to remember to do many things. In terms of activities of daily living (ADLs), Dr. Kesari denied requiring assistance with carrying out ADLs. In terms of instrumental ADLs (iADLs), he reported that both he and his wife manage their finances and medications together. He reported that they have made some mistakes, such as forgetting to pay some bills. In addition, he reported that he occasionally forgets to take his medications if his wife does not remind him. Dr. Kesari is currently driving. He reported that he gets lost easily if he does not know the way, and he has difficulty concentrating when required to do more than one thing at a time, such as with following the navigation and driving simultaneously.

Medical Record Review

- Magnetic resonance imaging (MRI) brain, dated 1/5/2020, Dr. Srinivas Peddi
 - Impressions indicated, “There is no acute intracranial process. Specifically, there is no acute infarct or mass lesion. There are diffuse nonspecific T2 and FLAIR hyperintensities in the periventricular and subcortical white matter, not substantially changed from the prior exam, most compatible with stigmata of small vessel disease.”
 -
- MRI brain w/o contrast; dated 7/18/2018; Charleston Area Medical Center; signed by Dr. John Willis
 - Findings indicated, “Diffusion weighted images normal, no restricted diffusion to suggest areas of acute infarct. Numerous scattered areas abnormal high signal T2 weighted and inversion recovery images in the periventricular white matter most consistent with chronic small vessel ischemic changes in elderly patient. Moderate volume loss also, not atypical for age. Again, no acute infarct, hemorrhage, or mass. Paranasal sinuses well aerated.”
 - Impressions indicated, “chronic ischemic changes deep white matter and moderate volume loss, findings not atypical for age. No acute abnormality.”
- Brain PET-CT 1/17/2020:
 - No FDG PET evidence of a progressive neurodegenerative disease process such as Alzheimer’s disease.
 - Addendum: “mild global hypometabolism...whole brain volume is at the 35th percentile...hippocampal volume is at the 40th percentile...”

Cognition:

Dr. Kesari was alert oriented to time, place, and situation. He displayed appropriate and congruent affect. His speech was prosodic and meaningful, with no noted paraphasias. However, expressive and receptive language difficulties were noted as evidenced by the examiner’s need to frequently repeat or restate questions. Further, occasional word finding difficulties were observed during testing and the clinical interview. Thought processes were organized and relevant. He was able to recite his current address. Intact awareness and

insight were noted. No hallucinations were displayed. No episodes of disorientation or confusion were noted during testing. Eye contact was within normal limits.

On formal cognitive testing, results revealed a scattered profile with variable performance across a number of cognitive domains, including verbal and visual memory, attention, language functioning, select executive functioning skills and functional living skills. This pattern of impaired scores across a number of cognitive domains, coupled with a decline in instrumental activities of daily living, warrant a diagnosis of dementia at this time. Dr. Kesari currently meets diagnostic criteria for *mild dementia*, according to the Global Deterioration Scale criteria. This pattern of scattered cognitive decline, with variable performance within domains, as well as a history of vascular changes in the brain seen on MRI and FDG/PET scans and significant cardiovascular risk factors (i.e., hypertension etc.) are most consistent with a diagnosis of *Vascular Dementia without behavioral disturbance* at this time.

Summary & Opinion Regarding Competence to Stand Trial

The competency standard includes the following criteria: “(1) whether the defendant has a rational as well as factual understanding of the proceedings against him and (2) whether the defendant has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding.” *Indiana v. Edwards*, 128 S. Ct. 2379, 2383 (U.S. 2008).

Regardless of Dr. Kesari’s current diagnosis of a mild dementia, a specific diagnosis is *not* the primary factor used to determine legal mental capacity and his ability to reasonably participate in his own defense. Moreover, despite some mild obvious memory lapses and the need to rephrase some questions, Dr. Kesari was able to fully participate in all aspects of the clinical interview and assessment. Likewise, he was clearly and consistently able state the nature and purpose of his visit and information regarding the lawsuit against him.

Therefore, in my professional opinion, and to a reasonable degree of neuropsychological certainty, Dr. Kesari is currently competent to stand trial and has the ability to assist counsel. However, due to his cognitive difficulties, it will be important for information to be presented slowly, clearly, and perhaps with translation services. Complex information should be written down, and Dr. Kesari’s understanding should be assessed by asking him to explain (in his own words), information that has been presented to him. Repetition may also be necessary. Likewise, if proceedings become complex, drawing upon a variety of cognitive abilities, (i.e., memory, reading ability, receptive and expressive language, and executive functioning skills), Dr. Kesari may need help to break information down into smaller units in order to help him understand it. Despite these precautions, at the present time, I believe that Dr. Kesari is competent to stand trial, demonstrates a general understanding of charges, potential consequences, and the trial process, and has the current ability to generally assist counsel.

However, it will be important for Dr. Kesari’s family to monitor his cognitive functioning closely. Should Dr. Kesari’s cognitive abilities decline significantly, a reevaluation of his competency to stand trial will be warranted.

Signature page attached.

Thank you for the referral of Dr. Kesari. If I can be of further assistance, please feel free to contact me at (818) 324-3800.



1/23/19

Judith Leone-Friedman, Psy.D.
Licensed Psychologist
PSY 25712

Date